

LR: 09 / 114  
PCT/ FR00 / 1815

NAME: GOIRE  
NAME: CHRISTIAN

PRIORITY CLAIMED (Y/N): Y  
BASIC FEE (Y/N): N  
ATTORNEY DOCKET NUMBER: T3006-906838  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000

RECEIPT DATE: 03 / 01 / 01  
IA FILING DATE: 06 / 28 / 00  
DELAY WAIVED (Y/N): Y  
DEMAND RECEIVED (Y/N): Y  
PRIORITY DATE: 07 / 01 / 99  
US DESIGNATED ONLY (Y/N): N  
COUNTRY:  
TELEPHONE 0000000000  
FAX

NAME: EDWARD J KONDRACKI  
MILES & STOCKBRIDGE  
STREET: 1751 PINNACLE DRIVE  
SUITE 500  
CITY: MCLEAN  
STATE/COUNTRY: VA ZIP: 221023833  
EMAIL:  
APPLICATION TITLES:

METHOD FOR VERIFYING CODE TRANSFORMERS FOR AN ~~EMBEDDED SYSTEM~~ IN PART  
~~ICULAR IN A CHIP CARD~~

*see 1A*

TAB TO LAST POSITION, PUSH SEND